



STATE OF TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 James Robertson Parkway, Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

## Principles and Practice of Engineering Exam Information

(for initial registration as a Professional Engineer)

### Exam Dates and Application Deadlines

**NOTE: All supporting documents [references, transcript(s), verification, etc.] are due in the Board office within thirty (30) days after the application deadline.**

**NOTE: If a deadline falls on a Saturday, Sunday, or a state holiday, the deadline will be extended until the close of business on the next business day.**

| Test Dates       | Application Deadline— New Applicants<br>(Application due in Board Office) | Retake Requests—<br>Applicants with Pending Approved<br>Applications —<br><a href="#">Request for Exam Retake Form</a> |
|------------------|---|--|
| October 24, 2008 | June 15, 2008   | September 1, 2008  |
| April 24, 2009   | December 1, 2008  | February 1, 2009   |
| October 23, 2009 | June 15, 2009   | September 1, 2009  |
| April 16, 2010   | December 1, 2009  | February 1, 2010   |
| October 29, 2010 | June 15, 2010   | September 1, 2010  |
| April 8, 2011    | December 1, 2010  | February 1, 2011   |
| October 28, 2011 | June 15, 2011   | September 1, 2011  |
| April 13, 2012   | December 1, 2011  | February 1, 2012   |
| October 26, 2012 | June 15, 2012   | September 1, 2012  |
| April 12, 2013   | December 1, 2012  | February 1, 2013   |
| October 25, 2013 | June 15, 2013   | September 1, 2013  |
| April 11, 2014   | December 1, 2013  | February 1, 2014   |
| October 24, 2014 | June 15, 2014   | September 1, 2014  |
| April 17, 2015   | December 1, 2014  | February 1, 2015   |
| October 30, 2015 | June 15, 2015   | September 1, 2015  |
| April 15, 2016   | December 1, 2015  | February 1, 2016   |

### Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance**.

You should submit both the application fee and the exam scoring fee with your application. These fees are listed below under “Fee Information.”

## Fee Information

Application Fee– **\$30** (nonrefundable)

Exam Scoring Fee– **\$245**

Postponement Fee– **\$25** (due after exams are ordered)

Biennial Registration Fee– **\$140** (due after exam is passed)

Retake Fee– **\$245** (submit with [Request for Exam Retake](#) form)

## Exams given in April and October

Chemical

Mechanical

Civil

Structural I

Electrical and Computer—Power

Electrical and Computer—Computer

Electrical and Computer—Electrical & Electronics

Structural II

Environmental

### April Exams Only

Architectural Engineering

Naval Architecture/Marine Engineering

### October Exams Only

Agricultural

Control Systems

Fire Protection

Industrial

Metallurgical & Materials

Mining/Mineral

Nuclear

Petroleum

Effective with the October 2009 exam administration, candidates for the Civil exam must declare their afternoon depth module at the time of application. Candidates for the Mechanical exam must declare their depth module beginning with the April 2010 exam administration.

## Exam Locations

Exams are currently given in Knoxville, Memphis, and the Nashville area; however, this is subject to change.

## Residency Requirements

An applicant for registration by exam must meet Tennessee's residency requirement ([Rule 0120-1-.03](#)).

## Forms

### (1) Application Form –

- Fill out the application form completely (online or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide an emergency contact to be called in the event of a medical emergency at the exam site.
- Provide detailed information regarding your progressive engineering design work and responsibility on projects, to enable evaluation of experience. For a description of progressive engineering experience, [click here](#). All time/experience must be accounted for whether it is related to engineering or not. You must show the minimum required years of experience at the time of application.

For the Board's policy concerning exam choices, [click here](#).

## **(2) Reference Forms –**

- Submit five (5) references from persons acquainted with your technical ability and character.
  - Three of the five references must be from registered engineers and
  - References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). No more than three (3) references can be from your current employer.
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

## **(3) Request-For-Transcript Form –**

Submit the Registrar's Letter to each post-high school institution attended. Your transcript(s) must be submitted directly to the Board office from each institution attended.

## **Review Procedure**

When your application packet is complete, it will be circulated among the engineer members of the Board for review. The review may take up to eight weeks.

## **Applicants with Foreign Degrees**

Rule 0120-1-.10 states that engineering degrees that are not accredited by the Accreditation Board for Engineering and Technology (ABET) shall be referred at the applicant's expense to a person or an entity approved by the Board and qualified to evaluate equivalency to an ABET-accredited engineering program for evaluation and recommendation. The Board has approved the Center for Professional Engineering Education Services (CPEES), an affiliate of the National Council of Examiners for Engineering and Surveying (NCEES), to evaluate foreign undergraduate engineering degrees. For further information regarding the evaluation process, contact CPEES at the address below:

P.O. Box 720010  
Miami, FL, 33172  
Phone: 800-464-7650  
Website: [www.cpees.org](http://www.cpees.org)  
E-mail: [centersupport@ncees.org](mailto:centersupport@ncees.org)

## **Applicants with Non-Accredited Domestic Degrees**

Rule 0120-1-.10 states that engineering degrees that are not accredited by the Accreditation Board for Engineering and Technology (ABET) shall be referred at the applicant's expense to a person or an entity approved by the Board and qualified to evaluate equivalency to an ABET-accredited engineering program for evaluation and recommendation. The Board has approved a former engineering professor to evaluate domestic undergraduate engineering degrees. The cost for such evaluations is \$40 per hour; an invoice for this service will be sent to applicants requiring an evaluation following receipt of the evaluation.

## **Verification**

The Board will request verification from the state board where you passed the Fundamentals of Engineering examination. If the state board charges a fee to provide verification, a form will be sent to you to submit to the appropriate state board with your fee.

## **Disability and Religious Accommodations**

If you require special accommodations in taking this examination, contact [NCEES](http://www.ncees.org).

## Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. The Board considers passing the respective registration examination as one of the requirements for a completed application.

## Scheduling Information

The Board has contracted with ELSESES for exam administration services, including the scheduling of candidates. ELSESES will distribute test admission notices to approved candidates 2-3 weeks before the exam. For further information, visit the [ELSESES](#) website.

## Exam Preparation Information

For information about exam preparation resources, visit the [NCEES](#) website.

## Exam Materials and Calculator Information

For information regarding materials permitted and not permitted in the examination room, including acceptable calculators, visit the [NCEES](#) website.

## Score Reporting

Scores are received approximately 90 days after the date of the exam. You will be notified, in writing, within 10 days from the day scores are received. Scores are not released over the phone or posted on the website.

## Exam in an Additional Discipline after Initial Registration

If you are already licensed in Tennessee and want to take a PE exam in another discipline, you must submit the [Application to Add an Exam Discipline](#). Do **not** submit the regular application form for registration since you will **not** be issued another PE license. To sit for the Structural II exam, you must have already taken and passed either the Civil or Structural I exam.

## Proctoring Exams for Other Jurisdictions

Exam candidates who have applied in other jurisdictions, but wish to take the exam in Tennessee should contact [ELSESES](#) directly. ELSESES will advise you of what further action to take.

## Professional Privilege Tax

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue. [Click here](#) for additional information.

## Board Contact

Contact Wanda Phillips at 615-741-3221, 800-256-5758, or send e-mail to [wanda.phillips@state.tn.us](mailto:wanda.phillips@state.tn.us) if you need further information or have questions about this information.

Updated August 2008



STATE OF TENNESSEE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1142

## APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL ENGINEER

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence: ☐ Business ☐ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? ☐ Yes ☐ No

I am applying for registration by: ☐ Comity ☐ Reapplying ☐ I have an NCEES Council Record (optional).

**Exam applicants should complete the following information before continuing to the next page.**

Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

Discipline:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural                             | <input type="checkbox"/> Electrical & Comp.—Power             | <input type="checkbox"/> Mining/Mineral      |
| <input type="checkbox"/> Architectural                            | <input type="checkbox"/> Environmental                        | <input type="checkbox"/> Naval Arch. /Marine |
| <input type="checkbox"/> Chemical                                 | <input type="checkbox"/> Fire Protection                      | <input type="checkbox"/> Nuclear             |
| <input type="checkbox"/> Civil (mark depth module below)          | <input type="checkbox"/> Industrial                           | <input type="checkbox"/> Petroleum           |
| <input type="checkbox"/> Control Systems                          | <input type="checkbox"/> Mechanical (mark depth module below) | <input type="checkbox"/> Structural I        |
| <input type="checkbox"/> Electrical & Comp.—Computer              | <input type="checkbox"/> Metallurgical                        | <input type="checkbox"/> Structural II       |
| <input type="checkbox"/> Electrical & Comp.—Elec. and Electronics |   |  |

Civil Depth Module:

☐ Construction ☐ Geotechnical ☐ Structural ☐ Transportation ☐ Water Resources/Environmental

Mechanical Depth Module:

☐ HVAC/Refrigeration ☐ Mech. Systems/Materials ☐ Thermal & Fluids Systems

Emergency Contact (Name and Phone Number): \_\_\_\_\_

Do you have a disability which may require special accommodations in taking an examination? ☐ Yes ☐ No

Applicant's Full Name \_\_\_\_\_

If you have ever changed your name through marriage, a court action, or have ever been known by any other name, please list name(s) and date(s) of change. \_\_\_\_\_

Have you passed the Fundamentals of Engineering (EIT) examination? ☐ Yes ☐ No

If so, name state/territory and year \_\_\_\_\_

Have you passed a written professional examination? ☐ Yes ☐ No

If so, name state/territory and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

List membership in technical or professional organizations \_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

☐ Yes ☐ No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

If so, name place and year \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

| Name and Address of Institution | Attendance<br>(From - To) | Date of<br>Graduation | Major<br>Course | Degree<br>Received |
|---------------------------------|---------------------------|-----------------------|-----------------|--------------------|
| _____                           |                           |                       |                 |                    |
| _____                           |                           |                       |                 |                    |
| _____                           |                           |                       |                 |                    |

Applicant's Full Name \_\_\_\_\_

**EXPERIENCE**

*List each engagement in chronological order beginning with first engagement. Provide detailed information of progressive experience on engineering design projects to enable evaluation of your experience.*

| Dates of Employment | Total Time Employment        | Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility | Name, Title, and Address Of Supervisor |
|---------------------|------------------------------|---|--|
|                     | Years<br><br>-----<br>Months |   |  |
|                     | Years<br><br>-----<br>Months |   |  |
|                     | Years<br><br>-----<br>Months |   |  |

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name \_\_\_\_\_

**EXPERIENCE**

*List each engagement in chronological order beginning with first engagement. Provide detailed information of progressive experience on engineering design projects to enable evaluation of your experience.*

| Dates of Employment | Total Time Employment        | Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility | Name, Title, and Address Of Supervisor |
|---------------------|------------------------------|---|--|
|                     | Years<br><br>-----<br>Months |   |  |
|                     | Years<br><br>-----<br>Months |   |  |
|                     | Years<br><br>-----<br>Months |   |  |

(Attach additional experience sheet if necessary, using the same format)



Applicant's Full Name \_\_\_\_\_

**EXPERIENCE**

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|                     | Years<br><br>-----<br>Months |   |  |
|                     | Years<br><br>-----<br>Months |   |  |
|                     | Years<br><br>-----<br>Months |   |  |

(Attach additional experience sheet if necessary, using the same format)

Applicant's Full Name \_\_\_\_\_

#### REFERENCES

List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

| References | State of<br>Registration | Employer<br>Past<br>Employer<br>Client | Complete Address |
|------------|--------------------------|--|------------------|
|            |                          |  |                  |
|            |                          |  |                  |
|            |                          |  |                  |
|            |                          |  |                  |
|            |                          |  |                  |

#### APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an engineer and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

Attach a photograph  
taken in the last 12 months

HEAD AND  
SHOULDERS ONLY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



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500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1142  
800-256-5758 615-741-3221 (NASHVILLE AREA) 615-532-9410 (FAX)

## REFERENCE

**This request letter is to be completed by the applicant**

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

\_\_\_ architecture  
practice \_\_\_ engineering  
\_\_\_ landscape architecture

Please send the information requested on page two directly to the Board office in the envelope provided. *If more space is needed, please do not write on the back; use a separate sheet of paper.*

\_\_\_\_\_  
(Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

Applicant's name \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
3. What has been your connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent? *If more space is needed, please do not write on the back; use a separate sheet of paper.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_\_ architect \_\_\_\_ engineer \_\_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felon? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the reverse side of this form.

- a. My full name is \_\_\_\_\_  
(to be typewritten or printed)
- b. My present employer is \_\_\_\_\_
- c. My title or position is \_\_\_\_\_
- d. I am/am not a registered \_\_\_\_ architect  
\_\_\_\_ engineer  
\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE REGISTRAR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying for registration as a/an

\_\_\_ architect \_\_\_ engineer \_\_\_ engineer intern \_\_\_ interior designer \_\_\_ landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my academic record.

I attended \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
College or University Date Date

and graduated on \_\_\_\_\_ with \_\_\_\_\_ degree in \_\_\_\_\_  
Date Type of Degree

under the name of. \_\_\_\_\_

My social security number is \_\_\_\_\_

I will appreciate your forwarding a transcript of my record as soon as possible to:

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1142

If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,